

PTO/SB/81 (01-08)

Approved for use through 12/31/2008. OMB 0651-0095

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/539,932
	<b>Filing Date</b>	Unassigned
	<b>First Named Inventor</b>	Hartmut S. Engel
	<b>Title</b>	A BUILT-IN LAMP
	<b>Art Unit</b>	2875
	<b>Examiner Name</b>	Not Yet Assigned
<b>Attorney Docket No.</b>	LA-7690-101/10506471	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number;

OR

 The address associated with Customer Number: 

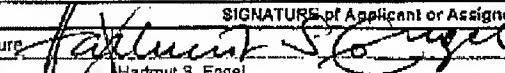
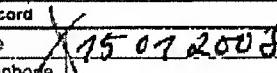
OR

 Firm or Individual Name: Address: City: State: Zip: Country: Telephone: Email: 

I am the:

 Applicant/Inventor, Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: Date: Name: Telephone: Title and Company: 

Applicant/Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of  forms are submitted.